

## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

10/28/91

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->

NYD006992788

FACILITY NAME ->

GREEN BUS LINES INC

MAILING ADDRESS ->

165-25 147TH AVE JAMAICA, NY 11430

INSTALLATION ADDRESS ->

49-15 ROCKAWAY BEACH BLVD FAR ROCKAWAY, NY 11691

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION II 26 FEDERAL PLAZA NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: MULE, ANTHONY
PURCH AGENT
GREEN BUS LINES INC
165-25 147TH AVE
JAMAICA, NY 11430

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United States Environmental Prote Washington, DC 2046  PEPA Notification of Hazardous	0	ctivity	Please refer Filing Notific this form. Th here is req 3010 of the and Recover	<i>ation</i> before e information uired by la Resource Co	complet reques w (Secti
For Official Use Only	onto				arrivet to
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Installation's EPA ID Number  C	Approved (	Date Recei	ved day)	Due	<b>1</b>
Reen Bus UINES	dre.				
II. Installation Mailing Address Street or I	P.O. Box				
C 3 1 6 5 - 25 1 4 7 Th A 1 E			State	ZIP	Code
C 4 JAMA CA  III. Location of Installation			ny	11	13:
Street or Rou	ite Number	The thirt sale	7-20-5 (2-4)		
C 4915 ROCKAWAN BEACH	BLU	2	State	ZIP	Code
6 FAR ROCKAWAY			143	111	20
IV. Installation Contact	# 1.				
Name and Title (last, first, and job title)		Pho	ne Number (ar	ea code and	number
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V. Ownership  A. Name of Installation's Legal Owner			B. Type of	Ownership (	enter co
Carpen Dale I include				)	
VI. Type of Regulated Waste Activity (Mark 'X' in the appr	copriate boxes	Refer to ins	structions		15. 1
A. Hazardous Waste Activity	CATTOLO DONOS.		Dil Fuel Activit	ies	323212
1a. Generator	6. Off-Specific	cation Used O	il Fuel priate boxes h	elow)	
☐ 2. Transporter☐ 3. Treater/Storer/Disposer	\$40 5 5 6 <u>22</u> 6 5 6 6 6	nerator Marke			
4. Underground Injection	☐ b. Otl	ner Marketer			
5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)	☐ c. Bu	STATE OF THE PARTY		A Harrison	
☐ a. Generator Marketing to Burner ☐ b. Other Marketer ☐ c. Burner	☐ 7. Specificati Who First	on Used Oil Fu Claims the Oil	el Marketer <i>(oi</i> Meets the Spe	On site Bur	ner)
VII. Waste Fuel Burning: Type of Combustion Device (enter which hazardous waste fuel or off-specification used oil fuel is burned. Se	e instructions for	definitions of c	licate type of co combustion dev ndustrial Furn	ices.)	vice(s) ii
VIII. Mode of Transportation (transporters only — enter 'X	' in the approp	riate box(es	)		
☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Othe	er (specify)				
IX. First or Subsequent Notification  Mark 'X' in the appropriate box to indicate whether this is your installat notification. If this is not your first notification, enter your installation's EP.	ion's first notifica	tion of hazard	ous waste act	vity or a sul	osequen
notineation. If this is not your first notineation, enter your installation's Er.	- in italinet in th		stallation's EP	A ID Number	
A. First Notification	c)	0.11		- I I I I I I I I I I I I I I I I I I I	
MANUFACTURE CONTRACTOR					

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3. Haza	rdous Wastes fro	m Specific So	urces. Ent	er the four-digit nu	ımber from	40 CFR Par	t 261.32 for	each listed	hazardo	ous wast	e fron	n
spec	eific sources your i	nstallation har	ndles. Use a	additional sheets if	necessary.						in the	
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1\* 02 2\* NY 101\* NYD006992788 102\* P 104\* GREEN BUS LINES, INC. 105\* SPARBER DONALD → 106\* 165-25 147 AVENUE , 107\* JAMAICA 108\* NY 109\* (11434 110\* 49(19) ROCKAWAY BEACH BLVD 111\* EDGEMERE 112\* 11692 113\* 7189958888 ~ 114\* 081 216\* QUEENS 1101\* 1 1503\* GREEN BUS LINES, INC. 230\* 2

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United States Environmental P Washington, DC 2	0460 Filing Notification before complet this form. The information reques	ng					
SEPA Notification of Hazardon		ion					
For Official Use Only							
C	omments						
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Installation's EPA ID Number	Approved (yr. Date Received day) Quality						
FNYD00699278811	861008	01					
I. Name of Installation							
GREEN BUS LINES	INC						
II. Installation Mailing Address Street	or P.O. Box						
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3 / 6 3   A 3   / 7 /   /7   V   City or Town	State ZIP Code						
a Tamaica	N V 11 4 3	4					
III. Location of Installation							
CIA A P K .	Route Number	12 3					
5 9 9 /9 KOCMawa)	Beach Blud	SM					
City or Town	State ZIP Code N Y / / 6 9	2					
IV. Installation Contact							
Name and Title (last, first, and job title)	Phone Number (area code and number	1					
2	M331. Camp. 118 9 95 4 10	0					
A. Name of Installation's Legal Own	ner. B. Type of Ownership <i>(enter co</i>	de)					
GREEN BUS LINE	ES INC P						
VI. Type of Regulated Waste Activity (Mark 'X' in the a							
A. Hazardout Waste Activity  1. Less than 1,000 kg/mo.	B. Used Oil Fuel Activities  6. Off-Specification Used Oil Fuel						
2. Transporter	(enter 'X' and mark appropriate boxes below)						
3. Treater/Storer/Disposer 4. Underground Injection	☐ a. Generator Marketing to Burner ☐ b. Other Marketer						
5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)	C. Burner						
a. Generator Marketing to Burner	7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification						
b. Other Marketer c. Burner							
which hazardous waste fuel or off-specification used oil fuel is burned	nter 'X' in all appropriate boxes to indicate type of combustion device(s) is. See instructions for definitions of combustion devices.)	,					
	trial Boiler						
VIII. Mode of Transportation (transporters only — enter	Other (specify)						
IX. First or Subsequent Notification							
	allation's first notification of hazardous waste activity or a subsequent SEPAID Number in the space provided below.	t					
/ and is not your mat nounceation, enter your installation t	C. Installation's EPA ID Number						
A. First Notification B. Subsequent Notification (complete)							

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araoas trastes from the	Ionspecific Sources	. Enter the four-digit nu	mber from 40 CFR Part	261.31 for each listed ha	zardous waste	
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r installation handles w	hich may be a hazar	dous waste. Use addition	t number from 40 CFR I nal sheets if necessary.	Part 261.33 for each che	mical substance	
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